



Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

Senate Finance Health and Human Resources Subcommittee

January 20, 2014

Perspective from the VACSB and CSBs Regarding the DOJ Implementation

Community Services Boards and the Richmond Behavioral Health Authority have worked *heroically*. Such work has entailed:

- Reconfigured Targeted Case Management services in order to conform to the enhanced case management protocols outlined in the Settlement Agreement.
- Reduced case loads, increased visits and time with families and individuals receiving services, and increased time with providers and Training Center staff. CSBs have been creative in adding case management capability to meet the DOJ requirements.
- Substantial new performance measures and increased and refined reporting elements have been required, have been put in place, and will continue to increase.
- Among CSBs, Training Center staff, and providers, increased training has been developed and made available for community staff who are or will be serving individuals transitioning from Training Centers.
- Equipment and activities have been adapted for community residences with the help of community-oriented Physical Therapists and Occupational Therapists.
- Regional crisis programs have been brought on line and each region has capacity to serve individuals (adults) in crisis. The next step is to develop services for children and youth with ID/DD who may experience crises. DBHDS is now working with community partners, CSBs and providers, to better adapt these programs to Virginia's resources and system strengths.

Enormous work has been done in the reconfiguring of services, workforce and processes. CSBs and CSB staff deserve credit and appreciation as do providers.

None of this has been easy and every bit of it has entailed human resources and/or fiscal costs, absorbed at the local CSB level.

Successes:

- Southside Virginia Training Center is on target to close during this year.
- Many individuals who have transitioned from Training Centers over the past 12 months have had significant behavioral and medical conditions. In almost every case, the individuals' behaviors have changed in very positive ways due to close observation and attention to their preferences.
- In many cases, medical problems have been corrected through more accurate diagnosis. In other cases, existing medical problems remain and providers have worked hard to address them as the individual navigates in the community.
- The community has been able to offer new and creative experiences for individuals who have transitioned. (The supporting material provides one such example. Other examples from VACSB are contained in presentations on the Special Subcommittee website on the House Appropriations Committee website.)
- As a result of these consistent transitions, families have become more trusting and confident that the community is an opportunity for their family members.

We celebrate the accomplishments that have been achieved and hope you join in celebrating them.

Community Considerations:

- Virginia's Incentives for employment and, in some areas, housing, are not aligned with the requirements of the Settlement Agreement.
- To an extent, current services have been based upon economies of scale due to resource limitations and incentives.
- Comparison with other states is less helpful when incentives are very different in Virginia. Additionally, Virginia is one of the handful of states that developed a comprehensive system that included ID from the beginning. As a result, Virginia is able to draw upon and utilize all the resources within the system. As well, Virginia has been open about its wait list for services and has sought consistently to address that wait list.
- Rates for services must be adequate to support a robust provider network and to assure training of staff, quality in service delivery, and appropriate utilization of Waiver services, particularly to address complex needs.
- Each region has unique characteristics that must receive attention, for example: Northern Virginia, with its higher cost of living and residents of NVTC being from the Northern Virginia localities. The CSBs in Northern Virginia have been active in developing good transition plans for actual placement, but funding for development of housing arrangements, bridge services, and rates commensurate with plans of care has not been made available. NVTC closure can be accomplished but it will take additional resources not as yet allocated. Resource needs will likely go beyond the exceptional rate that has not as yet been approved by CMS.

Additionally, CSBs charged with downsizing SEVTC and CVTC had the benefit of one time funds for construction, but Northern Virginia has not had that benefit.

- Within all regions, medical capacity in communities is limited and attention is needed to develop that capacity.
- It is a bit disheartening to be told that the Waiver study will correct these problems when the Independent Reviewer continues to monitor Virginia's progress and makes note of where the progress is lacking. Even more so because families and providers have outlined in years past the issues and potential solutions.
- The Phase I report of the Waiver study contains some very good recommendations to assist with the stated goals of DBHDS. One recommendation retains the single point of entry to the publicly-funded system as the CSB. Virginia and its community system has worked very hard to adopt choice protocols for direct service delivery and to promote the private sector in direct service provision: as of today, data tells us that 29% of the ID Waiver services are provided by CSBs with 71% provided by the private sector. That private sector portion is increasing with current downsizing efforts.
- According to Former Commissioner Stewart's transmittal letter distributing the Phase I study, DBHDS will carefully consider the recommendations that achieve the goals: addressing the increasing demand for services; uniform infrastructure for screening and eligibility; a flexible array of services that allow greater choice, control and creativity in meeting needs and honoring preferences; waiver rates that are commensurate with the cost of providing services.
- One recommendation is somewhat troubling: that of complete separation of case management and service delivery. The VACSB will work closely with DBHDS with regards to this recommendation, which may be appropriate for states where the system in place has no local authorities for local administration and accountability. The system should assure that local funding, local infrastructure, and maximum choice of providers remain.
- Phase II of the study is to determine appropriate rates, which will be late in resolving issues now and during the next year of the oversight by DOJ and the Independent Reviewer. We understand the timing of these steps but they present obstacles at the local level to implementation. What follows are both immediate and long term solutions for the obstacles we face now.

Needs within all communities as identified by the VACSB Developmental Services Council and our community partners, advocates and providers:

- Start-up funding up to \$4000 per person for individuals transitioning to the community, some of whom have very little or nothing of their own and need clothing, furniture, specialized equipment, and specialized assessments for services.

- CSB Case management services up to 6 months duration only for transition to the community. DMAS allows up to 3 months for all the work required in the agreement; however, the average time needed for transition is 5 months.
- Specialized nursing in each CSB that can assist all providers in each CSB area with medical conditions of individuals and help develop the community medical capacity through consultation to the medical providers about the needs and appropriate protocols for individuals with severe medical conditions. We envision nurses with ID experience to be funded in each CSB. (This could mean a meaningful career opportunity for staff leaving Training Centers.)
- Adequate rates for all services and particularly for individuals with complex medical conditions. As well, adequate use of bridge funding so that it supports individuals.

In summary:

- The entire system and all its components have worked hard to achieve progress, one individual at a time.
- Successful strategies have been used to support individuals who transitioned from SVTC and other Training Centers and the providers who serve them. These lessons can be adapted and replicated to meet the unique needs of each region.
- Incentives are not well aligned to meet the Settlement requirements and delaying some of the necessary solutions that can be put in place now is not realistic or helpful. Let's not wait for the "ideal".

The community has identified its needs and we trust that you and other decision-makers listen and respond so that the Agreement and its vision of community integration and services for all individuals with ID/DD can be realized.

Supporting Material:

- People and Services, Unduplicated count of individuals served: Source DBHDS
- Developmental Services and Transition: VACSB 2013 Annual Report on Outcomes

Collaboration with Communities:

DEVELOPMENTAL SERVICES:

Adults and children ages 3 and above

Support coordination/case management services

provide assessment of the individuals' needs, linkage to benefits and services, monitoring progress toward meeting goals along with follow-up, advocacy and other necessary assistance.

Residential services provide group homes, supervised apartments, sponsored placement, supported living arrangements and Intermediate Care Facilities (ICF) for persons who need a special living arrangement in order to live successfully in the community. With a person-centered focus, residents enjoy an array of vocational, recreational, and social activities.


Paid employment through **sheltered employment** teaches life skills and work skills toward gainful employment in a sheltered environment.

Through **supported employment**, individuals with intellectual disabilities work with supportive counselors to perform a variety of work in diverse business settings.

Department of Justice (DOJ) Settlement results: Progress in FY 2013

- 350 families were actively considering discharge planning by July 2013
- 296 individuals have indicated a choice of community life and transition from the training centers.
- 155 individuals transitioned to the community from training centers in FY 2013
- 57% decrease in training center census by July 2013, current census in training centers is 688
- Housing was increased by 15 five-bed homes on the site of the replacement facility for SEVTC; 13 homes were constructed in the community, reducing the bed capacity of SEVTC from 200 beds to 75 beds
- Over 1,800 ID/DD Medicaid Waiver slots will be added over two years, making it possible for many more people to move off the Community wait list.

Source: DBHDS Fiscal Year 2013 Annual Report



Andrew began receiving services from the **District 19 CSB** at age 8. He attended special education classes and chose to graduate at age 18.

Andrew always had a strong work ethic so the Case Manager referred him to the Supported Employment Program.

Andrew's employer is very happy with his job performance and has requested he work more hours. Andrew is a man of few words but when asked how he likes his job, he stated enthusiastically with his characteristic smile, "It's good!"

Successful transition from state facility

"Mark" recently transitioned from a state training center into the community and now resides in a group home in his community. He participates in the Life Enrichment Program at **Henrico Area Mental Health and Developmental Services** and loves visiting with his father every other weekend.

He is coming out of his shell, participates in music activities and singing and has sung in a talent show celebrating Developmental Disability Month.

"Mark" exercises, plays kick ball and laughs and jokes with staff and peers who now say "Mark" has a sense of humor and tender nature. He enjoys shopping and picking out his own clothing and buying new things. He has tried out some work tasks and is very excited about making his own money!"

PEOPLE and SERVICES - FY 2013

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Services outside a program area
Services - FY 2013	Individuals Served	Individuals Served	Individuals Served	Individuals Served
Emergency Services				58,300
Assessment/Evaluation				57,197
Early Intervention				2,429
Motivational Treatment				4,541
Consumer Monitoring				7,685
Inpatient Services	2,002		276	
Outpatient	96,556	645	28,679	
Case Management	57,341	18,466	10,166	
Day Support/Partial Hospitalization/Rehab	10,779	2,624	767	
Sheltered Employment	37	598		
Individual Supported Employment	1,169	934	53	
Group Supported Employment	76	423		
Residential Services	12,216	2,709	6,691	
Total individuals receiving services within program area (may have received more than one service across program area)	180,176	26,399	46,632	
Total unduplicated individuals receiving a service within program area	112,121	20,248	34,382	
Total individuals served outside program areas - not including emergency services (may have received more than one service)				71,852
Total unduplicated individuals receiving a service outside program area (not including emergency services)				67,735

TOTAL UNDUPLICATED COUNT: Individuals receiving services statewide: 213,902 plus 11,442 infants and toddlers served by CSBs/BHA and another 4,081 served by other Infant and Toddler Program Connection local lead agencies.

ID Waiting List as of 11/4/2013	Urgent	Non-Urgent	Total
	3,755	2,805	6,560

Mental Health (MH) and Substance Use Disorder (SUD) Waiting Lists as of April 2013	Receiving CSB Services	Not Receiving CSB Services	Total
Adult MH	2,646	572	3,218
Children and Adolescents	895	373	1,268
Adult SUD	507	514	1,021
Adolescent SUD	51	32	83

Prevention Services	Consumers Served Duplicated	Consumers Served Unduplicated	Service Hours
Multiple Classroom		38,210	22,959
Recurring		15,825	65,640
Single Events	897,972		46,782
Total	897,972	54,035	135,381